

Self-Assessment of Organizational Structures of Local Health Jurisdictions

The following questions will help you assess your current proficiency and identify areas of focus for your orientation plan. Please check the appropriate response for each question in the boxes provided. The three columns reflect the three levels of proficiency, and are labeled PRO= Proficient, KNOW= Knowledgeable, and AWARE.

| ORGANIZATIONAL STRUCTURES OF LHJs | PRO | KNOW | AWARE |
|--|--------------------------|--------------------------|--------------------------|
| Have you worked in this local health jurisdiction before? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you familiar with the three types of LHJ structures – departments, districts, and multi-county districts – and the implications for LHJ operations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you aware of the considerations for having a key function such as environmental health outside of the LHJ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you familiar with the organizational structure of the local health jurisdiction? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you acquainted with senior management and program leads in the local health jurisdiction? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever participated in an infectious disease outbreak investigation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If you have oversight of personal health services, have you had experience with personal health services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maternal and Child Health Services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communicable Disease, STD and Family Planning services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Children with Special Health Care Needs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If you have oversight for environmental health, have you had experience with Environmental Health Services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever participated in a food borne or water borne disease outbreak investigation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you responsible for overseeing the local health assessment unit? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever participated in a community health assessment process? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you familiar with the major health problems in the community and high priority public health activities, including demographic information and community health status data? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you feel you need further orientation to any of the areas described above to adequately perform your duties as public health administrator? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Please list other areas needing further orientation, if any: | | | |